

Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233
(804) 367-8506 or 367-8512
www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects

ARCHITECT LICENSE RENEWAL FORM
RENEWAL FEE DUE \$55

➔ USE THIS FORM ONLY IF YOU DO NOT RECEIVE YOUR RENEWAL NOTICE FROM THE DEPARTMENT. THE RENEWAL NOTICE IS MAILED TO YOUR ADDRESS OF RECORD APPROXIMATELY 45 DAYS PRIOR TO THE EXPIRATION DATE ON YOUR LICENSE. YOUR LICENSE CANNOT BE RENEWED MORE THAN 90 DAYS PRIOR TO THE EXPIRATION DATE ON YOUR LICENSE.

So that we may renew your license, complete **all** the following information. Please key the information directly onto the form or print clearly.

NAME: _____

SOCIAL SECURITY NUMBER OR VA DMV CONTROL NO.* - -

LICENSE NUMBER: 0401

ADDRESS: _____

If your mailing
address is a post
office box, you
MUST also
provide your
physical (street)
address.

Is this a new address? No ☐ Yes* ☐ * If yes, your address of record will be changed to the address on this form.

LICENSE EXPIRATION DATE: _____

➔ **IMPORTANT: A \$55.00 renewal fee is due.** If payment is not received within 30 days after the expiration date on your license, an additional \$25 late fee will be charged. If payment is not received within 6 months after the expiration date on your license, you must contact the Board office at (804) 367-8506 or 367-8512 to get the appropriate forms to reinstate your license.

I certify that I continue to comply with the Standards of Practice and Conduct as established by the APELSCIDLA Board.

Signature (required)

Mail this form with your renewal fee, made payable to the *Treasurer of Virginia* or use the credit card payment form available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> to the following address:

Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, VA 23242-0570

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			2020			0401	